PRINTED: 02/26/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 05, 06, 07		(X3) DATE SURVEY COMPLETED		
		155167	B. WING _	B. WING			₹ 25/2016
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH			,	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 PRESBYTERIAN DR NDIANAPOLIS, IN 46236		-0.2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD E			(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 12/30/1 Indiana State Departr accordance with 42 C Survey Date: 02/25/1 Facility Number: 000 Provider Number: 15 AIM Number: 100284 At this PSR survey, V was found in complia Participation in Medic Subpart 483.70(a), Li 2000 Edition of the Na Association (NFPA) 1 Building 0101 was su Existing Health Care This one story facility surveyed as five sepaconstruction dates of Building 0101, which Commons, Heatherw Commons and Junipe 1974 and was determined to the construction and fully a fire alarm system we corridors and in all are Building 0101 resider provided with smoke fire alarm system. The	FR 483.70(a). 16 084 5167 4600 Westminster Village North nce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, and 410 IAC 16.2. rveyed with Chapter 19, Occupancies. with a partial basement was arate buildings due to the five sections of the building.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236		<u> </u>	20/2010
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Continued From page 1 All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.					
were sprinklered and all areas providing facility services were sprinklered. INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/30/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 02/25/16 Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600 At this PSR survey, Westminster Village North was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, and 410 IAC 16.2. Buildings 0103, 0105, 0106 and 0107 were surveyed with Chapter 18, New Health Care Occupancies. This one story facility with a partial basement was surveyed as five separate buildings due to the construction dates of five sections of the building. The Administration Wing, identified as Building 0103, was built in 2005 and was determined to be					
	Int of Deficiencies The Preceded by Full Entifying Information) Thave customary access reas providing facility SR) to the Life Safety State Licensure Survey as conducted by the of Health in 183.70(a). Ininster Village North with Requirements for Medicaid, 42 CFR after from Fire and the all Fire Protection and 410 IAC 16.2. In and 10 IAC 16.2. In a partial basement was buildings due to the sections of the building, dentified as Building	ID TIPICATION NUMBER: A. BUILDIE 155167 B. WING ID PREFICE T BE PRECEDED BY FULL ENTIFYING INFORMATION) A. BUILDIE ID PREFICE T BE PRECEDED BY FULL ENTIFYING INFORMATION) (K 0 CR) to the Life Safety State Licensure Survey Is conducted by the of Health in 183.70(a). Ininster Village North with Requirements for Medicaid, 42 CFR If the protection Ind 410 IAC 16.2. 6 and 0107 were New Health Care a partial basement was buildings due to the sections of the building. Identified as Building Id was determined to be on and fully sprinklered. ID B. WING (K 0 A. BUILDIE B. WING (K 0 A. BUILDIE A. BUILDIE B. WING A. BUILDIE PREFIC TAG TAG	A BUILDING 01, 03, 05, 06, 07 155167 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236 INTI OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION) TAG ROOSS-REFERENCED TO THE AIDERS CROSS-REFERENCED TO THE AIDERS PROVIDERS PLAN OF CORE (EACH CORRECTIVE ACTION S) RAVE CUSTOMER'S PLAN OF CORE (EACH CORRECTIVE ACTION S) RAVE CUSTOMER'S PLAN OF CORE (EACH CORRECTIVE ACTION S) ROOSS-REFERENCED TO THE AIDERS (ROOSS-REFERENCED TO THE AIDERS (ROOSS-REFEREN	A BUILDING 01, 03, 05, 06, 07 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236 D. PROVIDERS PLAN OF CORRECTION THE PRECEDED BY FULL ENTIFYING INFORMATION) FREIT TAG FREIT TAG (RACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA BETT TAG (RACH) (RACH) FROM THE APPROPRIA (RACH) FROM THE APPROPRIA (RACH) FREIT TAG FROM THE APPROPRIA (RACH) FREIT TAG FROM THE APPROPRIA (RACH) FREIT TAG FROM THE APPROPRIA FROM THE APPROPRIA	DENTIFICATION NUMBER: 155167 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236 INT OF DEFICIENCIES T BE PRECEDED BY PULL ENTIFYING INFORMATION) RET IN THE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) RET IN THE SAfety State Licensure Survey is conducted by the of Health in 183.70(a). RET IN THE SAFETY RET IN

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